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ABSTRACT

Nursing has always been viewed as a "women's profession" as evidenced by the fact that 97 percent of the 1.9 million registered nurses in the United States are female. The values of helping others, altruism, compassion, and sacrifice are associated with women and with nursing. However, because many young people today do not view these values as financially rewarding, the number of nurses graduating from nursing programs is declining. Many hospitals cannot fill their vacancies, and the situation is expected to get much worse. Although this decline is occurring partly because of the generally fewer numbers of 18- to 22-year-olds in the population, the even greater decline in nursing students is a result of young women wanting to avoid "women's professions." Instead, they want to compete for the fewer jobs as physicians, dentists, and lawyers. Yet, research shows that nurses are a critical factor in patient recovery. According to one study, in hospitals where nurses had greater autonomy, intensive care patients recovered more often than in hospitals where nurses were closely supervised and denigrated by doctors. Unfortunately, "women's professions" are undervalued by society. In order to recruit more young women into nursing, the profession needs to publicize its professionalization and to have its talented women take over more responsible roles that will change the public's perception of their value. As the demand for nurses increases, so will the respect they are accorded, and more women may be willing to enter a profession that pays more attention to women's worth. (KC)

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Research Issues: Nursing & Professionalization

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Keynote Address - Delivered at
3rd Annual Nursing Research Day
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I am extremely pleased to speak with you today on nursing as a women's profession, and want to thank the campus' women's center for being instrumental in bringing me here.

Permit me to make a few personal remarks about nursing. I studied medical sociology for many years and wrote my doctoral dissertation on the political nature of medical licensing laws in turn of the century New York. From time to time, I'd read a piece on nursing history or nurse burnout, but in recent years social scientists have spent little time exploring the nursing profession. The subfield really should be "sociology of health care," and by retaining the title "sociology of medicine," social scientists show their bias for physicians and the medical orientation to health. I've learned a lot in the past two years at National League for Nursing (NLN), and one of the most important lessons has been that nursing has been neglected not only by social scientists, basic scientists, and physicians but by the consumers who really benefit from nurses' services. I hope to present you with a clearer understanding of the current professional position of nursing along with some of my sociological insights on the topic.

Nursing is the female profession. The femaleness of nursing can be understood in two interrelated ways. First, over 97% of all 1.9 million RNs are female. No other profession is so dominated by women (unless you consider secretaries and domestics professional -- which, sociologically speaking, they are not). Secondly, the art of nursing is associated with prominent female characteristics - - nurturance, sensitivity, bearer of Tender Loving Care.

Despite increasing numbers of males in nursing educational programs - currently about 6% of total enrollments - - nursing will remain a female profession for the foreseeable future. According to the April '87 issue of Parents Magazine, a survey of preschoolers found that 18% of the girls want to grow up to be nurses. No boys indicated this choice. Meanwhile, 14% of the boys and 13% of the girls want to be doctors when they grow up.

While this survey can hardly be called "scientific," it does point to a major problem faced by nursing today - - that is, recruitment of qualified nursing school (read female) applicants, and retaining these new nurses in the health care system for many productive years of care giving. The values,

mores and norms advanced by the women's movement of the '60's have proven to be a double-edged sword for the nursing profession. On the one hand, women are encouraged to compete with men for the more status and financially rewarding professions such as medicine, law, computer sciences, business. Nursing itself has benefitted from the new orientation and attitude that women now bring to their careers - - desires for autonomy and control over their work, demands for collegial relationships with other health care providers (MDs, included), and growing interest in research, scholarship and political activism for professional advancement. On the other hand, women are now abandoning nursing for the more rewarding careers where they compete with "the big boys." The irony is that contemporary nursing is a very exciting and rewarding career -- where opportunities for autonomy, innovation and altruism abound. A further irony is that the "big-boy" professions of medicine, law and dentistry are experiencing a glut and new graduates are having trouble finding jobs.

Meanwhile nursing is experiencing a shortage! Nursing recruiters at hospitals and in the community are scrambling to find applicants for their vacant positions.

Therefore, it seems that the goals of feminism and nursing have worked against each other. But, before exploring this apparent conflict, I'd like to take a few minutes to side-track into the nursing shortage and some of the research we're doing at the National League for Nursing to explore the problem.

The present nursing shortage is real, but what empirical and anecdotal evidence do we have to prove that this shortage is not an aberration but a crisis?

I get calls daily from around the country -- from nurse recruiters, nurse faculty, journalists -- all asking me "where are the nurses?" A recent survey from the American Hospitals Association found:

> The vacancy rate for registered nurses in U.S. hospitals more than doubled last year -- from about 6% in 1985 to almost 14% in 1986.

> The percentage of hospitals reporting no registered nurse vacancies fell from 35% in 1985 to 17% in '86.

Two-thirds of hospitals reported that they needed more than 60 days to fill medical/surgical nurse positions, and more than 90% needed this long to fill intensive care nursing posts.

A Washington Post article reported that nurse recruiters in the Washington, D.C. area have more than 1,000 openings for registered nurses that haven't been filled.

Dallas area hospitals are looking for a few good nurses - about 1,300 of them.

Even the prestigious National Institutes of Health have had to close units in the last year because they cannot find enough nurses.

I've recently received a grant from the U.S. Department of Health & Human Service's Division of Nursing to examine the current labor conditions for nurses through an exploration of newspapers, journals and newsletters across the country. We hope this study will provide valuable information as to the

extent of the shortage - - which geographic areas are hardest hit, which specialties are most in demand and what different communities are doing about it.

What factors are contributing to the shortage? There is no one explanation but a confluence of recent demographic, societal and economic trends offer some insights as to the sources of this current crisis.

First, let us look at nursing education. The NLN is the national data bank for statistics on nursing education. Each year we conduct a comprehensive survey of the over 1500 programs in the U.S. Our data indicate that, overall, basic RN programs are having trouble attracting qualified students to their programs and hence enrollments are declining.

Since 1983 when RN enrollment peaked at 250,000, there has been a steady decline. We expect this trend to continue and we will see enrollments below 200,000 in our 1986 survey findings- a loss of 50,000 students in just three years.

As to new admissions, the results of the survey of basic nursing education programs show that, between 1984 and 1985, annual admissions of first-time nursing students plunged 4.5%, to approximately 118,000. This is the lowest annual admission figure since 1981. Diploma and associate degree programs reported decreases of 17% and 4% respectively. Baccalaureate programs remained stable with a 0.4% increase.

Looking at the data retrospectively, we see that the 1984 survey signaled the start of the decline and it's continuing in 1985 and 1986. As a way of gauging what will happen in the future we ask programs to indicate the number of fall admissions they anticipate. Based on our preliminary data, we will be reporting a 9% decrease for 1985-86 academic year. This represents the largest decrease ever reported. Diploma programs accounted for the greatest portion with a whooping 33% decline. Even associate degree programs, which once were growing rapidly, had over an 8% drop.

In 1985 the generic baccalaureate programs remained stable. However, the baby boom has passed and fewer college age people are available. The shrinking pool of entering students is being divided among an increasing number of programs. So, while some programs have experienced gains, others have experienced considerable losses. The upshot is that many nursing programs are facing a dilemma -- lowering standards or closing their doors.

The declining number of new admissions to registered nursing programs is indeed discouraging. Unfortunately, for some schools the news gets bleaker when they begin to evaluate the applicants. According to the NLNs research, which will be reported in our May issue of Nursing & Health Care, the admissions requirements of some nursing programs are at a minimal level so the schools can fill their classes. Directors of nursing programs are concerned over the amount of remediation some students require to complete the course work, and, when asked why retention is a problem, their answer is often time that students can't cut the mustard. According to the College Board, the average SAT score of the prospective nursing students is over 75 points less than the national average!

While the data on graduations is more encouraging, it is important that we understand that the numbers reflect admissions and enrollments of two and four years earlier. Overall there was a 2.2% increase in graduations in 1985.

However, we see this picture changing as we examine the prelimininary data of the 1986 annual survey which indicates that graduations last year dropped almost 5%.

In some ways all segments of the higher educational community are experiencing the same problems now that there are fewer students in the 18-22 age group which has been the traditional pool for college students. But nursing is suffering more.

These statistics are beginning to have an impact on the health of nursing programs.

The nursing school at the American Universiy in Washington, D.C. announced in February of this year that it will be closing. They have accepted no new students in the fall of 1986. This, despite the fact that the school is well endowed, has a rise in service courses, and was number one in 1985 in NCLEX. The reason for the closure -- an enrollment drop of 40% since 1983.

Over the past ten years 134 diploma schools have closed. We project that by the end of this decade there will be approximately 150 diploma programs remaining, compared to 311 in 1980.

St. Louis University reports a 45% drop in nursing enrollment over the past six years, with a particularly drastic drop last year. The University of San Francisco's nursing program, which once had 160 entering freshmen, has had trouble recruiting 50 lately. Pennsylvania's Villanova University has had a 10.4% drop in enrollment. It says it's taking fewer students because it has fewer quality applicants.

At Boston University, only 12 freshmen entered the nursing school this year -- versus 55 in 1980. The school asked the College Board to sort out this year's test results, to see how many high school students indicated interest in nursing and how many of these could meet Boston's SAT requirement. Like Villanova, Boston requires a score of at least 1000 on a student's SATs. The College Board responded that, of the million-or-so students who took the SATs, only 1,800 nation-wide were interested and qualified. Divide that by the number of basic baccalaureate, diploma, and AD programs in the country, that comes to about 1.2 students for each program.

As I mentioned above, women are applying to other professional schools in record numbers. But these women will be joining the ranks of the unemployed or underemployed physicans and lawyers who are in oversupply and causing panic among their own professional associations. What interests me about all this is--why has nursing fallen on such hard times, especially when the profession has so much to offer a motivated individual?

Nursing opportunities are expanding as the American health care system is changing. With the introduction of DRGs, Medicare's prospective payment system, hospital care has been transformed. They're leaving "sicker and quicker." The results are sicker patients both in hospital and community. Some now liken hospitals to acute care centers and nursing homes to hospitals. In both places, patients now need more nursing care than ever before.

Time and again research has proven that quality nursing care improves patients health, cuts down on patient length of stay and hence is cost effective. Furthermore, consumers have become more critical of medical doctors and look to their nurses for the "human and humane" part of health care.

A recent study of intensive care units and of factors contributing to patient health was conducted by George Washington University Medical School. While testing a new method for evaluating outcomes, researchers found that patient survival in the ICU depends more on the quality of nursing care and on

communication between nurses and physicians than on increasingly sophisticated technologies. In the top-ranked hospital with the highest quality of ICU, the nurses operated semi-autonomously -- they were able to make minute-to-minute adjustments in respirators, administer blood pressure control drugs, and even had the authority to cancel elective surgery when needs exceeded nursing resources.

Contrast this to the lowest-ranked hospital where there was literally open conflict between doctors and nurses about how many patients the nurses could reasonably care for, the physicians obviously saying more, and the nurses saying not even as many as we have.

The data from the study failed to support some common assumptions about the paramount importance of medical systems -- such as technology or the hospital's research and educational activities. The research clearly shows that nursing care affects outcomes positively and points to the fact that the more autonomy nurses have the better the results for the patient -- that nurses make the difference -- <u>the vital difference</u>. In those hospitals where

the physician dictates nurse/patient ratios, protocols, and prescribed regimens, the patient mortality rate increased!

Health care at the community level has changed dramatically over the past decade. The fastest-growing segment of the American population is that of 80 + and, while it's terrific that we can expect to live longer than any previous generation, the chances of aging with some chronic illness is greater too. The number of elderly who require extensive nursing care because of chronic illnesses is growing at a staggering rate.Nurses are really the profesionals needed most by the aging.

We've already begun to see the increasing demand for nurses with specialties in gerontology and at the community and home levels. Nurses are even becoming entrepeneurs and opening nursing homes and home health agencies!

All of this means that nursing is becoming ever more important and challenging.

The baccalaureate and advanced degreed nurse is becoming the most valued nurse. The current health care delivery system requires that nurses have more and more knowledge of finance, theory, research and organizational procedure. However, the projected demand for baccalaureate and higher degreed nurses will not be fulfilled in the current nursing climate. The need for nurse administrators, researchers and clinical specialists far outweigh the projected supply. According to both the Department of Health and Human Services and the Institute of Medicine, there'll be a short fall of over 600,000 professional nurses by the end of the century. From an economist's viewpoint; when the demand overtakes the supply -- the value and importance of the supply increases. If this is so, nursing will be more valued due to the shortage. And indeed it should.

The problem, as I see it, boils down to just that - value. At this time, nursing is not perceived as a valuable profession because of a number of reasons. First, we are living in the "me generation." Values like altruism and "helping people" are considered "old-fashioned." Materialism and consumerism have replaced the values of community and compassion. When people

express a desire to help the needy, oppressed and neglected, they're seen as fools, bleeding hearts, and feminine.

Yes, feminine. Somehow, the traditionally female characteristics so closely associated with nursing are undervalued. People think that female traits are in direct opposition to professional ones. That the "cold hard world" has no time for empathy, sympathy and nurturance. Moveover, nursing is perceived as an innate characteristic of females - we're just born with it. Nursing is genetically programmed into women, they say; it isn't learned or researched and hence, not rewarded.

Clearly, this perception is quite distorted since nurses do a lot more than hold hands and "tsk-tsk." Nurses are as professional as any other group of health care providers and comprise the largest group of health care providers in any hospital, as well as in the entire U.S.

But is nursing a "profession"?

If we consider the domininant features of a profession, nursing clearly fits the bill. Most scholars of professionalization identify these 5 features of a profession::

1. Expertise stemming from prolonged specialized training. This refers to extended university-based education with theoretical and research components. And nursing is moving this way with requirement of baccalaureate preparation for entry to the profession.
2. Autonomy over work. The changing health care system offers more control to nurses than ever before.
3. Collegial setting and maintanance of professional standards. Professional organizations such as the NLN provide this valuable service, by setting accreditation standards for nursing educational programs, as well as for home health care agencies.
4. Commitment to the profession. Membership in professional associations and subscriptions to nursing journals are examples of this feature of professionalism.
5. Code of ethics. Nursing, no doubt, has a proud tradition of devoted and selfless service to the public. In this area, nursing beats out all other health care professionals.

Admittedly, nursing is just beginning to realize some of these areas of professionalization. But they're well on the way.

Unfortunately, there's been a cultural lag between the public image of nursing and recent professional developments within nursing.

But there's no point in bemoaning nurses' poor public image. No one will do the job for us. The only way to change it is by destroying the old image and replacing it with a new one.

I believe that time will heal this wound. Nurses must strive to do their best to make the profession more visible and more powerful politically, socially and financially. Nurses must overcome the negative stereotypes by showing themselves to be independent decision makers, fastidious researchers, and reliable allies for other nurses and other health care colleagues.

I might add that these are feminist goals for all women.

Part of the negative public sentiment helps explain the sociological fact that, when women enter a profession, they bring down the status of the profession. To paraphrase Groucho Marx, no one wants to join a club that has women as its members. Nursing shares this image with profession such as social work and teaching, for example.

Unfortunately, our culture does not respect women in some very important ways--wife abuse and lower wages for women in identical jobs as men are just two blatant examples of the effects of this prejudice. The devaluation of women's work is another and one that will improve as ambitious and motivated women force the American people to recognize them.

While the increasing numbers of women in traditionally male professions is helping to revise many of the stereotypes held of women, it is the female dominated professions, like nursing, that will make the real difference -- <u>the vital difference</u> -- in increasing the public's awareness of womens power in the health care system and American culture.

Thank you.

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